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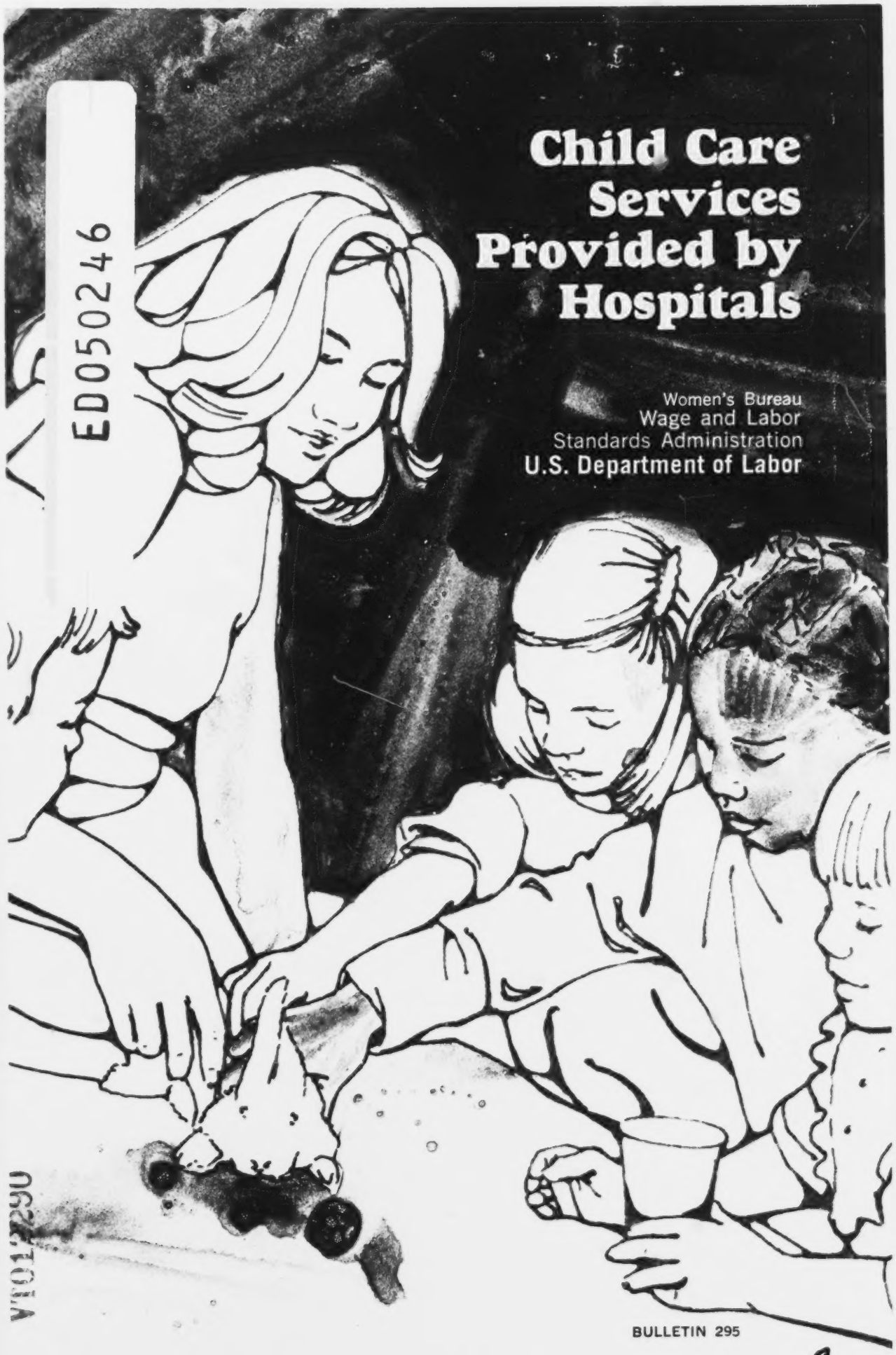
ABSTRACT

In an attempt to determine the extent to which hospitals had established child care services for their personnel, a survey was conducted of 3,000 hospitals with 100 beds or more. Out of nearly 2,000 hospitals which responded, 98 were operating child care centers, with about 500 more planning or at least showing interest in such a program. The study showed that employers benefit from these programs in terms of personnel recruitment and reduced absenteeism and labor turnover. Employees benefit by being able to work more hours with less worry about their children's safety. (BH)

ED050246

Child Care Services Provided by Hospitals

Women's Bureau
Wage and Labor
Standards Administration
U.S. Department of Labor



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BULLETIN 295

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Child Care Services Provided by Hospitals

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BULLETIN 295 / 1970

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Foreword

The rising demand in our Nation for skilled workers has led employers to explore new ways to meet their growing personnel needs. One emerging practice is the establishment of child care centers which serve as a tool in the recruitment and retention of needed personnel and at the same time aid the working parent.

In order to determine the extent to which hospitals had established such child care services, the Women's Bureau, Wage and Labor Standards Administration, U.S. Department of Labor, conducted a survey of hospitals with 100 or more beds and a few smaller ones known to have set up child care centers. The survey revealed that hospitals operating child care centers find the provision of these services beneficial to both employers and employees. Recruitment of personnel is improved, and absenteeism and labor turnover are reduced. Women who were unable to work because of lack of adequate child care are now employed. Part-time employees can work more hours a day and more days a week. Working mothers are more comfortable knowing their children are nearby and can be reached promptly in case of emergency.

Acknowledgment is made to all of the hospitals participating in the survey for their excellent cooperation. This study was prepared by Annie L. Hart, under the supervision of Isabelle S. Streidl, and with the technical assistance of Pearl G. Spindler and Beatrice Rosenberg, who also prepared the questionnaire and related correspondence.

It is hoped that this report will serve as a stimulus to additional hospitals and other industries to establish child care centers for use of their personnel. The development of programs of this type may aid considerably in meeting the increasing demand in many segments of our economy for additional trained personnel as well as in alleviating one of the problems encountered by many mothers who work or who would like to work.

ELIZABETH DUNCAN KOONTZ
Director, Women's Bureau

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Introduction

To meet the ever-growing demand for skilled manpower in many sectors of our economy, increasing attention is being given to methods of tapping the reservoir of women who want to work but who are not free to work because they lack adequate facilities for the guidance, care, and supervision of their children during work hours. Of concern, also, is the need for adequate child care services for many mothers who are now in the labor force. Adequate care for children whose mothers are at work is of vital importance not only to the families involved but also to society as a whole.

In the labor force in March 1968, there were 11.1 million mothers with children under 18 years of age; 4.1 million of these mothers had children under 6 years of age.[1] About 39 percent of all mothers with children under 18 and about 29 percent of all mothers with children under 6 were working or looking for work.

Mothers have used a variety of arrangements for the care of their children while they are on the job. A study jointly conducted by the Women's Bureau and the Children's Bureau in February 1965 found that, of the 12.3 million children under 14 years of age whose mothers had worked—either full or part time—for at least 6 months during the preceding year, 46 percent were cared for at home by the father, another relative, or a nonrelative.[2] Another 28 percent were looked after by the mother, who either cared for her children while she worked or worked only during their school hours. Only 2 percent of the children were cared for in a group care center, while about 16 percent were cared for in someone else's home. The remaining 8 percent looked after themselves. In fact, the survey showed that even among children under 6 years of age a small number looked after themselves.

As a result of pressing need, a growing number of employers—some with the active participation of unions—have solved the

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[1] *U.S. Department of Labor, Bureau of Labor Statistics.*

[2] *U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau, and U.S. Department of Labor, Wage and Labor Standards Administration, Women's Bureau: "Child Care Arrangements of Working Mothers in the United States." Children's Bureau Pub. 461–1968.*

child care problems of mothers (or fathers) working for them by providing for the care of the workers' children.[3] For example, to improve recruitment and retention of needed personnel in the medical and health services industry (where 80 percent of the workers are women), some hospitals provide such services.

There is a shortage of skilled medical and health personnel, especially nursing personnel; and anticipated requirements in this field continue to increase. A survey conducted in 1966 by the American Hospital Association (AHA) and the Public Health Service (PHS) of all AHA hospitals and a survey the same year by the PHS of extended care facilities revealed that urgent unmet staffing requirements for all health personnel totaled 120,300 for hospitals and 24,300 for extended care facilities.[4] More than three-fourths of the additional staff needed were in the field of nursing —62,000 registered nurses (56,900 for hospitals and 5,100 for extended care facilities); 21,800 licensed practical nurses (14,100 for hospitals and 7,700 for extended care facilities); and 29,000 aides, orderlies, and attendants (21,800 for hospitals and 7,200 for extended care facilities). During 1966 about 286,000, or 31 percent, of the more than 900,000 licensed registered nurses were not employed in nursing.[5]

By 1975 employment requirements for registered nurses were expected to rise by 240,000 from the 1966 level to a total of 860,000, with an additional 150,000 needed to replace nurses who retire, die, or otherwise leave the labor force. Employment needs for licensed practical nurses were expected to rise by 165,000 to

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[3] *For a discussion of some of these programs, see "Report of a Consultation on Working Women and Day Care Needs," Women's Bureau, Wage and Labor Standards Administration, U.S. Department of Labor. 1968.*

[4] *U.S. Department of Labor, Bureau of Labor Statistics: "Health Manpower, 1966–75: A Study of Requirements and Supply." Rept. 323. June 1967.*

[5] *U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services and Mental Health Administration: "Health Resources Statistics: Health Manpower and Health Facilities, 1968." Pub. 1509. December 1968.*

465,000, with an additional 125,000 required to replace those leaving the labor force. And requirements for aides, orderlies, and attendants were expected to increase by 380,000 to nearly 1.1 million, with an additional 310,000 required to replace those leaving the labor force.[6]

To determine the extent of child care facilities operated by hospitals in their effort to recruit and retain personnel, and to learn how useful these services might be in helping to meet anticipated health personnel needs, in April 1968 the Women's Bureau, Wage and Labor Standards Administration, U.S. Department of Labor, conducted a questionnaire survey of about 3,000 hospitals with 100 beds or more.[7] A few smaller hospitals known to operate child care centers also were surveyed.

Of the nearly 2,000 hospitals that responded to the questionnaire, 98 were operating child care facilities for use of their personnel.[8] In addition, nearly 500 hospitals were either considering or indicated an interest in such a program, 22 had plans to start one, and 12 were making surveys to determine the extent of personnel interest. Most of the remaining hospitals indicated that they had no plans to open a child care center.

Only 29 hospitals reported that their personnel had indicated through surveys that they had no interest in a program of this type.

An analysis of the major portion of the information acquired as a result of the survey follows. It is hoped that the results of this study will prove useful to other hospitals, institutions, or industries interested in establishing a child care center for their present and prospective employees' children.

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[6] *See footnote 4.*

[7] *As listed in the Journal of the American Hospital Association, Guide Issue, August 1, 1967.*

[8] *A list of these hospitals is attached as appendix A. A few of the centers reported on, although located on or near the hospital grounds primarily for use of the hospital's personnel, are actually operated by private concerns.*

child care centers reported on by surveyed hospitals[9]

Geographical distribution.—Of the 98 hospital-operated child care centers in the United States, 50 were located in the South, 27 in the North Central area, 11 in the Northeast, and nine in the West.[10] The centers were located in 35 States. Ohio led with a total of 16 hospitals operating such facilities.

Number of years in operation.—Fifty-six of the centers had been in operation less than 5 years; 16, for less than 1 year. Nine had functioned for at least 15 years.

Location of physical facility in relation to hospital grounds.—Seventy-nine centers were located on the hospital grounds (table 1). Of these, 16 were located within the hospital building. Only four were located more than 8 blocks from the hospital.

Table 1.—Location of Centers

Location	Number
Total reporting	98
Within hospital building	16
On hospital grounds, in building other than hospital	63
Off hospital grounds:	
Less than 1 block	7
1 to 8 blocks	8
½ mile or more	4

Administration.—Forty-five of the child care programs were administered by the nursing service of the hospital; 26, by the administrator's office; and 11, by the personnel department. The remaining 16 were administered by other hospital branches. In some instances administration of the program required coordination between the various hospital services because the child care facilities were used in the training of selected personnel.

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[9] *Copies of the survey questionnaire and transmittal letter are attached as appendix B.*

[10] *The location of one hospital operating a child care center was not shown.*

Licensing.—In all 50 States there is some kind and some degree of State regulation of day care, usually licensing. State licensing is usually contingent on a facility's meeting local ordinances in such areas as fire and building safety, sanitation, and zoning. However, several States grant exclusion from licensing requirements because of the purpose of the program, the number of children in care, ages of the children cared for, or number of hours of care provided. A few grant exclusion based on operation under religious, fraternal, or recreational auspices. One grants exclusion to facilities operated on a nonprofit basis; one, to facilities operated by privately endowed agencies; and one, to facilities operated under profitmaking auspices. Two require licensing only in certain counties. In three States child care facilities may choose not to be licensed.

Of the 96 hospitals which reported their licensing status, 64 were licensed by their States. Three of the 32 centers not licensed were located in Federal or State institutions; three were in the process of being licensed; four provided babysitting services only; one gave staff members annual physical examinations and required the supervisor to have a foodhandler's license; one was inspected periodically by the health department; and 20 did not comment on why they were not licensed.

Capacity and use.—Only 32 of the centers had facilities for less than 25 children (table 2). Of the 47 centers that could accommodate 25 to 49 children, 34 had at least 25 enrolled. Of the 19 centers that had facilities for 50 or more children, 12 had at least 50 enrolled. Some parents with children enrolled at the centers worked only part

Table 2.—Capacity and Current Enrollment

Capacity	Number of centers	Current enrollment		
		Less than 25 children	25 to 49 children	50 children or more
Total reporting	98	45	39	14
Less than 25 children	32	32	—	—
25 to 49 children	47	13	32	2
50 children or more	19	—	7	12

time or on certain days of the week. Thus a number of hospitals, particularly those with centers open during more than one shift or operating 6 or 7 days a week, reported that the weekly total of children cared for greatly exceeded the number who could be accommodated at any one time.

Thirty-five centers had a waiting list for certain age groups or work shifts.

Number and age of children enrolled.—The 98 child care centers had facilities to accommodate nearly 3,700 children (table 3). Almost 3,200 children were enrolled.

Table 3.—Age of Children Enrolled, by Number of Centers and Number of Children

Age	Number
CENTERS REPORTING	
Preschool age	98
Under 1 to 5 years	66
1 to 5 years only	20
3 to 5 years only	12
School age	[1]41
6 to 9 years only	32
6 to 13 years	9
CHILDREN REPORTED	
Preschool age	2,944
Under 1 year	340
1 and 2 years	720
3 to 5 years	1,884
School age	221
6 to 9 years	191
10 to 13 years	30

[1] *Centers admitting both preschoolers and school-age children.*

All the centers enrolled children under 6 years of age. Sixty-six centers admitted children under 1 year of age, 20 admitted children from 1 to 5 years only, and 12 admitted children from 3 to 5 years only. Nearly 1,900 of the enrolled preschoolers were 3 to 5 years, 720 were 1 or 2 years, and 340 were under 1 year.

In addition to caring for preschool children, 32 centers provided afterschool care for children aged 6 to 9 years; nine centers, for children 10 to 13 years old. There were 191 children aged 6 to 9 and 30 children 10 to 13 years of age currently enrolled. Sixteen of the centers provided care for about 150 children of persons not employed by the hospital, such as residents of the hospital neighborhood; welfare recipients; employees of other area hospitals; military personnel of service hospitals; physicians, dentists, and their employees; teachers and volunteers at child care centers; and patients in the hospital.

Occupation of parents with children enrolled.—The major users of the child care centers were nursing personnel, who constituted more than 61 percent of parents who had children enrolled in the 98 units (table 4). (This proportion is not surprising, since priority in enrollment was given to children of nurses by 71 of the centers.) Laboratory technicians accounted for nearly 12 percent of the parents; nurses' aides and orderlies, 7 percent; administrative and clerical personnel,

Table 4.—Occupation of Parents With Children Enrolled

Occupation	Total		Mothers		Fathers	
	Number	Percent	Number	Percent	Number	Percent
Total reporting	2,554	100.0	2,414	100.0	140	100.0
Nurses	1,560	61.1	1,557	64.5	3	2.1
Technicians (laboratory)	303	11.9	274	11.4	29	20.7
Nurses' aides, orderlies	174	6.8	172	7.1	2	1.4
Administrative, clerical workers	173	6.8	162	6.7	11	7.9
Doctors, dentists, anesthetists	131	5.1	46	1.9	85	60.7
Other	213	8.3	203	8.4	10	7.1

7 percent; doctors, dentists, and anesthetists, 5 percent; and other personnel, 8 percent.

Only 5.5 percent of the parents using the child care centers were male. Three-fifths of these were doctors, dentists, or anesthetists.

Days and hours of operation.—Of the 94 centers for which periods of operation were reported, 54 were open 7 days a week; 12, 6 days a week; and 28, 5 days a week (table 5). About half (48) were open for at least 9 but less than 16 hours a day. Only five were open less than 9 hours a day, while one center was open for 24 hours a day.

Table 5.—Number of Hours and Days of Operation

Number of hours	Number of centers	Number of days		
		5 days	6 days	7 days
Total reporting	94	28	12	54
Less than 9 hours	5	3	—	2
9 and less than 12 hours	39	17	9	13
12 and less than 16 hours	9	4	—	5
16 and less than 24 hours	33	2	1	30
24 hours	1	—	—	1
Combination[1]	7	2	2	3

[1] *Centers open a different number of hours on different days of the week.*

The most common length of operation for the 54 centers open 7 days a week was between 16 and 18 hours a day. In fact, two-thirds of the centers open every day operated 12 or more hours daily. However, for centers that were open 5 or 6 days a week, the most common daily period of operation was between 9 and 12 hours (17 and 9 centers, respectively).

With respect to the actual hours of operation, most of the centers were open during the daytime, from about 6 a.m. to approximately 5 or 6 p.m.

Forty centers were open during hours convenient for personnel working on the 3 to 11 p.m. shift. Most of the 33 centers that operated at least 16 hours a day were open from about 6 a.m. to 11:30 or 12 p.m. Six centers began the day's activities during the afternoon (about 2:30 or 3 p.m.) and continued operating until

at least 7:30 p.m., although most continued on until 11:30 p.m.

In addition to the center open 24 hours a day, only one center provided services during the 11 p.m. to 7 a.m. shift; this was open from 10:30 p.m. to 12 noon.

Staffing.—Center staffs included teachers, assistant teachers, nurses, attendants, assistants or aides, maids, orderlies, cooks, and janitors. Nearly all staff workers were paid for their services, although volunteers had been recruited in a few instances. Other staff members were available in 29 centers because the child care center was used to train nurses, pediatricians, Head Start teachers, workshop students, or prospective licensed child care center personnel.

Of the 94 centers reporting on staff composition, 23 had professionals only, 28 had nonprofessionals only, and 43 had a combination of professionals and nonprofessionals.

Recommendations on child-to-adult ratios in day care centers were included in day care standards developed in 1968 for facilities receiving Federal funds under certain programs.[11] They were as follows:

(a) **3 to 4 years:** No more than 15 in a group, with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 5 to 1.

(b) **4 to 6 years:** No more than 20 in a group, with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 7 to 1.

(c) **6 through 14 years:** No more than 25 in a group, with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 10 to 1.

Most of the centers (91) had at least one staff member for each group of 10 or less children under 6 years of age (table 6).

Of the 66 centers with professionals on their staffs, 55 had a ratio of at least one paid professional for each group of 20 or less children under 6 years of age (table 7). Of these, 25 centers had one paid professional for each group of 6 to 10 children.

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[11] *Federal Panel on Early Childhood, % U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau: "Federal Interagency Day Care Requirements." September 23, 1968. (The Federal Panel on Early Childhood was composed of representatives of the Departments of Agriculture; Commerce; Defense; Health, Education, and Welfare; Housing and Urban Development; Interior; and Labor; and the Office of Economic Opportuntty.)*

Table 6.—Number of Children Under 6 Years of Age for Each Member of Operating Staff [1]

Number of children for each staff member	Total	Number of centers with—		
		Less than 25 children	25 to 49 children	50 children or more
Total reporting	94	45	39	10
2 to 5	49	26	20	3
6 to 10	42	17	18	7
11 to 15	3	2	1	—

[1] *Professional or nonprofessional.*

Table 7.—Number of Children Under 6 Years of Age for Each Paid Professional Member of Operating Staff

Number of children for each paid professional staff member	Total	Number of centers with—		
		Less than 25 children	25 to 49 children	50 children or more
Total reporting	66	27	30	9
3 to 5	14	5	8	1
6 to 10	25	9	12	4
11 to 15	7	4	1	2
16 to 20	9	8	1	—
21 to 29	4	1	3	—
30 and over	7	—	5	2

Financing.—Of the 96 hospitals that reported on fees, 90 charged for services provided in the centers (table 8). Six set rates on a sliding scale basis according to family income, and four others charged a combination of rates based on income, hours, age group, and/or military rank. Fifty-five varied rates according to the number of children enrolled from the same family.

Of the hospitals that required payment for services, 67 set basic rates on a daily basis, charging from $1 to $4 for the first child, with the most common rate $1 to $2.99. Eleven charged on an hourly basis—from 25 to 50 cents. Seven set weekly rates varying from $8.50

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Table 8.—Fees Charged for First Child in the Family, by Type of Rate

Type of rate and fee	Number of centers
Total reporting	96
Hourly	[1]11
Less than 25 cents	2
25 cents to 50 cents	8
Daily	[1]67
$1.00 to $1.99	26
$2.00 to $2.99	25
$3.00 to $3.99	9
$4.00	3
Weekly	[1]7
$8.50 to $20.00	4
Biweekly	[1]1
Monthly	[1]4
$60.00 to $90.00	3
No charge	6

[1] *Includes child care centers charging a fee not shown separately and based on age of children, number of hours at center, and/or earnings or income of parents.*

to $20. Four hospitals charged by the month—from $60 to $90. The remaining hospital charged on a biweekly basis—from $11.25 to $20, depending on family income.

Some illustrations of the methods used by other hospitals that charged a fee on a sliding scale based on income are as follows:

(a) One hospital charged $2 a day for the first child in the family if the employee's salary was less than $2.40 an hour and $3 a day if the employee's salary was more than $2.40 an hour.

(b) Another hospital charged 75 cents a day for employees with income of $260 a month or less and $1.50 a day for those with income of $500 a month or more.

(c) A third hospital charged a weekly rate of $10 for the first child in a family with income from $3,000 to $5,000 a year and $12 for the first child in a family with income of more than $5,000 a year.

Fees paid to child care centers by hospital employees and other

users generally were not adequate to meet operating costs. This was particularly true in the case of nurses' aides and other low-paid ancillary health workers. Most (90) of the surveyed hospitals subsidized their centers—by donating the physical facility, supplies, medical services, heat, light, or other necessary equipment, and/or paying some portion of the administrative expenses.

Services provided.—Services provided at child care centers varied according to the needs of the individual facility and the standards set by appropriate regulatory agencies.

Other than the ready accessibility of emergency hospital facilities, there was no significant difference between the basic services provided at child care units operated by hospitals and those provided at units operated by other types of institutions. Generally they included, but were not limited to, nutritional, health, educational, and social services.

Ninety-six of the centers provided meals and snacks for the children (table 9). Some provided either dinner only, lunch only, or snacks only. The meals were, of course, closely related to the individual needs of the child as well as the hours during which the facility was open.

Health services were provided by 56 of the centers. Seventeen centers provided services for the handicapped child. Only seven indicated that they provided any type of social service for the family.

Table 9.—Meals Provided to Children

Type of meal	Number of centers
Total reporting	96
Breakfast, lunch, and snacks	23
Breakfast, lunch, dinner, and snacks	15
Breakfast and snacks	1
Lunch only	2
Lunch and snacks	33
Lunch and dinner	2
Lunch, dinner, and snacks	14
Dinner only	3
Dinner and snacks	1
Snacks only	2

major obstacles to hospital operation of child care centers

14/15

Some of the hospitals which were not operating a child care center cited certain obstacles to providing the services. A few of these hospitals said that the expense of operating such a center or in meeting standards set by licensing authorities was the major obstacle.

However, more hospitals reported that the major obstacle was lack of adequate space or facilities. Licensing involves meeting appropriate safety and sanitation standards as well as other requirements set by regulatory authorities. A child care center must provide space and equipment for free play, rest, privacy, and other indoor and outdoor activities.

Another factor was the difficulty of providing services during the evening and night shifts when the services would be most helpful.

The availability of other child care facilities apparently was the determining factor in the 29 cases where personnel surveys had indicated no need for a hospital-operated center.

Only nine hospitals reported that they had discontinued operation of their child care centers (one of these centers has since been reopened). The primary reason cited by more than half of those hospitals was the lack of utilization by their personnel. Another reason was that the proximity of the children caused some mothers to visit them during working hours, resulting in reduced productivity on the job and, occasionally, unsatisfactory relationships between the child care staff and the mothers. (Most respondents who commented on this subject, however, stated that having their children nearby usually resulted in a more productive effort by the mothers.)

alternatives to hospital-operated child care centers

Alternative methods of providing adequate child care for working mothers were suggested by some of the hospitals responding to the survey. One suggested that payment of salaries which would permit mothers to take advantage of existing facilities would be preferable to hospital operation of an expensive child care center. Another respondent, concerned with recruitment problems during the evening and night shifts, reported that the payment of a higher shift differential was found to be less expensive than having the hospital provide child care services. Another hospital reported an arrangement with a local day care center to pay half the cost of caring for the children of their employed registered nurses.

A final suggestion was that, in view of the great need for services of this type, the Federal Government should consider establishing child care centers for children of working mothers.

Conclusion

1/8/19

The results of the survey illustrate that the provision of adequate child care facilities for the children of health personnel benefits both the employed parent and the employer. Mothers who are working or would like to work find that having child care readily available eases their dual responsibility of worker and homemaker. The same is true for fathers who may be bringing up children in a motherless home. Employers find that providing child care services for their employees is effective as a recruitment tool and a stabilizing influence. The very fact that 90 hospitals subsidized in some way the operation of a child care center indicated that they considered the benefits worth the cost.

The advantages to the parents of children enrolled in hospital child care facilities are demonstrated by some of the comments which were made on the questionnaires, as follows:

> "[The child care center is] close and convenient to parent(s) working in hospital. Mothers who are breastfeeding are able to continue after returning to work."
>
> "We feel the day care center relieves many mothers of worry concerning their children. They are nearby and can check on children when necessary."
>
> "The day care center is conveniently located and provides a program designed to meet the individual needs of each child in an atmosphere of warmth and acceptance. This service allows mothers to work with the knowledge that their children are receiving good care; thus they are more effective employees."
>
> "We have any number of mothers who have told us that if it were not for the nursery, they would be unable to work. Also, they can relax and not worry about their children when they know they are in the same building and can be contacted at once in case of emergency."
>
> "It has been a convenience and economic fringe benefit for our employees."

Most of the hospitals operating centers advised that the availability

of child care services has been helpful in recruiting and retaining needed nursing personnel, resident doctors, and other health workers. This is supported by the fact that 86 hospitals reported that they believe some of their staff would resign if the services were discontinued. Some comments from hospitals on the usefulness of the center in recruiting and retaining personnel are as follows:

> "Since we have provided adequate responsible care for the employees of . . . Hospital, the hospital has many new staff members, especially R.N.'s. These workers have returned to work now that our services are available."
>
> "The day nursery was inaugurated specifically to enable nurses to work who would otherwise be unable to work due to lack of adequate day care facilities. We are convinced it is fulfilling this need and that we would have fewer nurses if we did not maintain the nursery."
>
> "There is no question that the nursery is a major asset in our recruitment of nurses."
>
> "We feel that the facility has been most helpful to us, since it brought back young graduates who needed little or no orientation, many of them our own school graduates. Some of these are part time but work full days when they are in. We would not give up the Center but would rather think that it might pay to enlarge it."
>
> "The . . . center has been of definite benefit in hiring women. Many of the mothers have expressed the opinion that they would not leave for more money because of the [child care center]."

Other advantages cited were the opportunity for some nurses and other personnel to work full time instead of part time or to work overtime, the facilitation of shift rotation, and a reduction in absenteeism.

> "It was set up as a recruitment tool and we feel that it has been beneficial in the employment of Registered Nurses and Licensed Practical Nurses; they do not only return to work but work more days and more hours per day."

"Some would be unable to work at all. Many would be able to work only part time."

"Part-time nurses are able to work extra days. R.N.'s transferred from part time to full time. Rotation of shifts made easier for nurse."

"The nursery not only attracts personnel, but increases tenure and lessens absenteeism."

"This program was developed to bring back to the hospital nurses who could not work because of family responsibilities. So far it has served very well as a method of encouragement to nurses to work the 3–11 shift."

"I am sure our hospital gets preference due to availability of child care. Staffing is more stable and maternity leave shorter."

Appendix A

HOSPITALS INCLUDED IN THE ANALYSIS*

22/23

Alabama
Huntsville Hospital
101 Sivley Road
Huntsville, Ala. 35801

Arizona**
Good Samaritan Hospital
1033 East McDowell Road
Phoenix, Ariz. 85006

Arkansas
Sparks Memorial Hospital
1311 South I Street
Fort Smith, Ark. 72901

Arkansas Baptist Medical Center
1700 West 13th Street
Little Rock, Ark. 72202

California
Methodist Hospital of Southern California
Post Office Box 418
Arcadia, Calif. 91006

Santa Teresita Hospital
1210 Royal Oaks Drive
Duarte, Calif. 91010

Loma Linda University Hospital
11055 Anderson Street
Loma Linda, Calif. 92354

U.S. Naval Hospital
8750 Mountain Boulevard
Oakland, Calif. 94627

Colorado
Fitzsimons General Hospital
Peoria Street and East Colfax Avenue
Denver, Colo. 80240

Connecticut
New Britain General Hospital
100 Grand Street
New Britain, Conn. 06050

Florida
Alachua General Hospital
Post Office Box 1207
Gainesville, Fla. 32601

Hialeah Hospital
651 East 25th Street
Hialeah, Fla. 33013

John F. Kennedy Memorial Hospital
Post Office Box 1489
Lake Worth, Fla. 33460

Lakeland General Hospital
Drawer 448
Lakeland, Fla. 33802

Baptist Hospital of Miami
8900 SW. 88th Street
Miami, Fla. 33156

Florida Sanitarium and Hospital
601 East Rollins Avenue
Orlando, Fla. 32803

** The analysis includes one hospital not listed here because the name and address of the respondent were not shown.*

***See Addendum.*

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Tampa General Hospital
Tampa, Fla. 33606

Georgia**
Athens General Hospital
797 Cobb Street
Athens, Ga. 30601

Crawford Whong Memorial Hospital
35 Linden Avenue NE.
Atlanta, Ga. 30308

Georgia Baptist Hospital
300 Boulevard NE.
Atlanta, Ga. 30312

St. Joseph's Infirmary
265 Ivy Street NE.
Atlanta, Ga. 30303

Hall County Hospital
743 Spring Street NE.
Gainesville, Ga. 30501

Kennestone Hospital
737 Church Street
Marietta, Ga. 30060

Illinois
Mennonite Hospital
807 North Main Street
Bloomington, Ill. 61701

Indiana
St. Francis Hospital
101 North 17th Avenue
Beech Grove, Ind. 46107

Iowa
Iowa Methodist Hospital
1200 Pleasant Street
Des Moines, Iowa 50308

Kentucky
St. Elizabeth Hospital
21st and Eastern Avenue
Covington, Ky. 41014

**See Addendum.*

Eastern State Hospital
627 West Fourth Street
Lexington, Ky. 40508

Louisiana**
Flint-Goodridge Hospital
2425 Louisiana Avenue
New Orleans, La. 70115

Southern Baptist Hospital
2700 Napoleon Avenue
New Orleans, La. 70115

Maryland
Johns Hopkins Hospital
601 North Broadway
Baltimore, Md. 21205

Prince George's General Hospital
Cheverly, Md. 20785

Rosewood State Hospital
Owings Mills, Md. 21117

Massachusetts
New England Memorial Hospital
5 Woodland Road
Stoneham, Mass. 02180

Middlesex County Sanatorium
775 Trapelo Road
Waltham, Mass. 02154

Minnesota
Mt. Sinai Hospital
737 East 22d Street
Minneapolis, Minn. 55404

Mississippi
Methodist Hospital
Hall Avenue and Bay Street
Hattiesburg, Miss. 39401

Missouri
State Hospital
1 East Fifth Street
Fulton, Mo. 65251

Independence Sanitarium and Hospital
1509 West Truman Road
Independence, Mo. 64050

Bethesda General Hospital
3655 Vista Avenue
St. Louis, Mo. 63110

St. Vincent's Hospital
7301 St. Charles Rock Road
St. Louis, Mo. 63133

Nebraska
Bryan Memorial Hospital
4848 Sumner Street
Lincoln, Nebr. 68506

New Jersey
Saint Barnabas Medical Center
Old Short Hills Road
Livingston, N.J. 07039

Newton Memorial Hospital
175 High Street
Newton, N.J. 07860

New Mexico
St. Mary's Hospital
South Main and Chisum Streets
Roswell, N. Mex. 88201

New York**
Montefiore Hospital and Medical Center
110 East 210th Street
Bronx, N.Y. 10467

Crouse-Irving Hospital
820 South Crouse Avenue
Syracuse, N.Y. 13210

North Carolina
Memorial Mission Hospital
509 Biltmore Avenue
Asheville, N.C. 28801

Haywood County Hospital
1615 North Main Street
Waynesville, N.C. 28786

North Dakota
State Hospital
Post Office Box 476
Jamestown, N. Dak. 58401

Ohio
Children's Hospital
Buchtel Avenue at Bowery Street
Akron, Ohio 44308

Apple Tree Day Care Center
220 William Howard Taft Road
Cincinnati, Ohio 45219
(operated by members of Medical Auxiliary; serves various hospitals in the area)

Highland View Hospital
3901 Ireland Drive
Cleveland, Ohio 44122

University Hospitals
2065 Adelbert Road
Cleveland, Ohio 44106

Riverside Methodist Hospital
3535 Olentangy River Road
Columbus, Ohio 43214

Good Samaritan Hospital
1425 West Fairview Avenue
Dayton, Ohio 45406

Miami Valley Hospital
1 Wyoming Street
Dayton, Ohio 45409

St. Joseph Hospital
205 West 20th Street
Lorain, Ohio 44052

**See Addendum.

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Robinson Memorial Hospital
449 South Meridian Street
Ravenna, Ohio 44266

Mercy Hospital
1343 Fountain Boulevard
Springfield, Ohio 45504

Flower Hospital
3350 Collingwood Boulevard
Toledo, Ohio 43610

Maumee Valley Hospital
952 Toronto Avenue
Toledo, Ohio 43609

Riverside Hospital
1609 Summit Street
Toledo, Ohio 43604

St. Charles Hospital
2600 Navarre Avenue
Toledo, Ohio 43616

Toledo Hospital
2142 North Cove Boulevard
Toledo, Ohio 43606

Dettmer Hospital, Inc.
3130 North Dixie Highway
Troy, Ohio 45373

Oklahoma**
Oklahoma General Hospital
301 South Eighth Street
Clinton, Okla. 73601

Midwest City Memorial Hospital
2825 Parklawn Drive
Midwest City, Okla. 73110

University of Oklahoma
Hospitals
800 NE. 13th Street
Oklahoma City, Okla. 73104

Hillcrest Medical Center
1120 South Utica Avenue
Tulsa, Okla. 74104

Oregon**
Providence Hospital
830 NE. 47th Avenue
Portland, Oreg. 97213

Pennsylvania
Allegheny General Hospital
320 East North Avenue
Pittsburgh, Pa. 15212

Philadelphia General Hospital
34th Street and Civic Center
Boulevard
Philadelphia, Pa. 19104

Rhode Island
Rhode Island Hospital
593 Eddy Street
Providence, R.I. 02903

Tennessee**
Bristol Memorial Hospital
209 Memorial Drive
Bristol, Tenn. 37620

St. Mary's Hospital
Oak Hill Avenue
Knoxville, Tenn. 37917

Baptist Memorial Hospital
899 Madison Avenue
Memphis, Tenn. 38103

Clover Bottom Hospital
and School
Stewarts Ferry Pike
Nashville, Tenn. 37214

Park View Hospital, Inc.
230 25th Avenue North
Nashville, Tenn. 37203

Texas**
Northwest Texas Hospital
Post Office Box 1110
Amarillo, Tex. 79105

***See Addendum.*

All Saints Episcopal Hospital
Post Office Box 31
Fort Worth, Tex. 76101

Memorial Baptist Hospital,
Central
1100 Louisiana Street
Houston, Tex. 77002

Memorial Baptist Hospital,
Northwest
1635 North Loop
Houston, Tex. 77018

Memorial Baptist Hospital,
Southwest
6440 High Star Street
Houston, Tex. 77036

Texas Medical Center
Houston, Tex. 77025
(Member hospitals of child care center:
Ben Taub General Hospital
Hermann Hospital
Methodist Hospital
M. D. Anderson Hospital and Tumor Institute
Texas Children's and St. Luke's Hospital
Texas Research Institute for Mental Sciences
Texas Institute for Rehabilitation and Research)

Medical Center
Post Office Box 3277
Tyler, Tex. 75701

Virginia**
University of Virginia Hospital
Jefferson Park Avenue
Charlottesville, Va. 22903

Virginia Baptist Hospital
3300 Rivermont Avenue
Lynchburg, Va. 24503

Norfolk Community Hospital
2539 Corprew Avenue
Norfolk, Va. 23504

Norfolk General Hospital
600 Gresham Drive
Norfolk, Va. 23507

Petersburg General Hospital
Mt. Erin and Adams Streets
Petersburg, Va. 23803

Stuart Circle Hospital
413 Stuart Circle
Richmond, Va. 23220

St. Mary's Hospital of Richmond, Inc.
5801 Bremo Road
Richmond, Va. 23226

Roanoke Memorial Hospitals
Belleview Avenue and Lake Street
Roanoke, Va. 24014

Washington
Tacoma General Hospital
315 South K Street
Tacoma, Wash. 98405

West Virginia
Memorial Hospital
3200 Noyes Avenue SE.
Charleston, W. Va. 25304

Wisconsin
St. Catherine's Hospital
3556 Seventh Avenue
Kenosha, Wis. 53140

**See Addendum.*

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Addendum

Since the survey was completed, the Women's Bureau has learned that the following hospitals also operate child care centers for use of their health personnel. (NOTE.—There may be other hospitals not known to this Bureau which provide child care services for their personnel.)

Memorial Hospital
1200 South Fifth Avenue
Phoenix, Ariz. 85003

De Kalb Hospital
2701 North Decatur Road
Decatur, Ga. 30033

Baton Rouge General Hospital
3662 North Boulevard
Baton Rouge, La. 70806

Touro Infirmary
1400 Foucher Street
New Orleans, La. 70115

Doctors' Hospital
1130 Louisiana Avenue
Shreveport, La. 71101

Genesee Hospital
224 Alexander Street
Rochester, N.Y. 14607

Baptist Hospital
3303 NW. 56th Street
Oklahoma City, Okla. 73112

Capitol Day School
NE. 21st and Kelly
Oklahoma City, Okla. 73105

Holy Family Day Care Centers
1923 South Utica
Tulsa, Okla. 74104

St. Francis Hospital
61st and Yale Avenue
Tulsa, Okla. 74135

St. Vincent's Hospital
2447 NW. Westover Road
Portland, Oreg. 97210

Baroness Erlanger Hospital
261 Wiehl Street
Chattanooga, Tenn. 37403

High Plains Baptist Hospital
1600 Wallace Boulevard
Amarillo, Tex. 79106

Presbyterian Hospital
8200 Walnut Hill Lane
Dallas, Tex. 75231

Mother Francis Hospital
825 East Houston
Tyler, Tex. 75701

Richmond Memorial Hospital
1300 Westwood Avenue
Richmond, Va. 23227

Appendix B

Budget Bureau No. 44-S68004
Approval Expires August 1968 30/31

U.S. DEPARTMENT OF LABOR
Wage and Labor Standards Administration
WOMEN'S BUREAU
WASHINGTON, D.C. 20210

Name of hospital _____

Address _____

_____

INQUIRY

HOSPITALS OPERATING DAY CARE CENTERS FOR CHILDREN OF THEIR HEALTH PERSONNEL

Your reply will be held in strict confidence. Please return completed questionnaire to Women's Bureau, Washington, D.C., 20210.

1. When was the day care center established? (date) _____
2. Where is it located?
   - ☐ Within the hospital building
   - ☐ On the hospital grounds
   - ☐ Other area (describe—include distance from hospital) _____

     _____

     _____

     _____
3. Which branch of your hospital organizational structure administers the day care program?
   - ☐ Administrator's Office
   - ☐ Nursing Service
   - ☐ Social Service
   - ☐ Pediatrics
   - ☐ Other (specify) _____

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4. How many children can you accommodate? Number _____

5. How many children do you accommodate? Number _____

6. Do you have a waiting list? ☐ Yes ☐ No

7. What are the ages of the children you admit?

   ☐ Under 1 year Number _____

   ☐ 1 to 2 years Number _____

   ☐ 3 to 5 years Number _____

8. Do you provide afterschool care for any children?

   ☐ Yes Number _____ Age 6–9 Number _____ Age 10–13

   ☐ No

9. Are any enrollees handicapped?

   ☐ Yes Number _____

   ☐ No

10. Among the users of your service, about how many are:

	Mothers	Fathers
Nurses	Number _____	Number _____
Doctors	Number _____	Number _____
Technicians/Laboratory workers	Number _____	Number _____
Nurses' aides	Number _____	Number _____
Other (sp[illegible]y) _____	Number _____	Number _____
_____	Number _____	Number _____

11. Are the children of nurses given priority in enrollment over those of other health workers? ☐ Yes ☐ No

12. Do you also enroll children whose parents do not work in the hospital?

   ☐ Yes Number _____

   ☐ No

If yes, which children?

☐ Neighborhood children ☐ Other children (specify) _____

☐ Patients' children

13. During what days and hours does the center remain open?

Days of week: From _____ To _____

Hours of day: From _____ To _____

14. For the majority of children what is the average number of daily hours of care? _____ Hours.

15. How many of the day care center staff are:

	Paid staff	Unpaid volunteers
Teachers	Number _____	Number _____
Assistant teachers	Number _____	Number _____
Other (specify)		
_____	Number _____	Number _____
_____	Number _____	Number _____
_____	Number _____	Number _____
_____	Number _____	Number _____
_____	Number _____	Number _____

16. Is the day care center used to train any of your hospital staff?

☐ Yes ☐ No

If yes, in which occupations?

Check: ☐ Nurses ☐ Pediatricians

☐ Other (specify) _____

_____

_____

_____

17. Do you charge fees? ☐ Yes ☐ No

If yes, are fees based on a sliding scale?

☐ Yes—describe: ☐ No

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18. If you charge fees, what are the fees per child?

    Per hour $_____ Per month $_____

    Per day $_____ Other $_____

19. If there is a special fee schedule where there is more than one child in family, please describe:

20. Does the hospital contribute, in either cash or kind, toward the operating cost of the day center? ☐ Yes ☐ No

    Comments, if any:

21. Is the center licensed? ☐ Yes ☐ No

    Comments, if any:

22. Please check meals and snacks provided.

    ☐ Breakfast ☐ Mid-morning snack ☐ Other

    ☐ Lunch ☐ Mid-afternoon snack

23. Are the children provided with health services?

    ☐ Yes—describe: ☐ No

24. Are families provided social services? ☐ Yes—describe: ☐ No

25. Would any of your staff members probably terminate employment if you did not provide day care services? ☐ Yes ☐ No

    Comments, if any:

26. Please add any other comments you would like to make with respect to particularly successful features of your day care program, and whether you have any serious problems in maintaining the service.

27. May we identify your hospital in relation to specific items in our report?

    ☐ Yes ☐ No

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U.S. DEPARTMENT OF LABOR

WOMEN'S BUREAU

WASHINGTON, D.C. 20210

Dear Sir:

The Women's Bureau has long been concerned with the need for day care facilities, particularly for the children of working mothers. In this connection we are undertaking a study of the availability of day care services for the children of hospital personnel. Therefore, we are sending inquiries to you and various other hospitals with 100 or more beds.

It is our belief that a survey of existing services may be exceedingly helpful to those hospitals now considering plans for establishing day care centers. The expansion of such centers may well play an important part in helping to relieve present shortages of health personnel.

If you have such a program, may we look to you for cooperation in answering the enclosed questions. The last question, number 27, requests permission to identify your hospital in relation to specific items in our report. If you do not wish us to refer to you specifically, we will of course not disclose your identity. If you do not have day care services, we would like to know whether you are planning to institute them. Also, if you are interested, we can provide you with the names and addresses of the hospitals which we know or believe have this type of day care program.

We would be grateful for a reply to our inquiry at your early convenience. We will be happy to send you a copy of the report when it becomes available.

Sincerely,

Mary Dublin Keyserling
Director

Enclosure